

<b>Case Number:</b>	CM15-0185064		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	05/23/2005
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 61-year-old male who reported an industrial injury on 5-23-2005. His diagnoses, and or impressions, were noted to include: post-traumatic daily headache with cognitive dysfunction post-trauma; post-traumatic labyrinthitis; cervical and thoracic chronic myofascial pain syndrome; cervical and thoracic spine multiple radiculopathy; moderate bilateral lumbar 5 radiculopathy, mild-moderate left sacral 1 radiculopathy, mild right sacral 1 radiculopathy; and abnormal magnetic resonance imaging findings of the lumbar spine with 6 mm disc bulge at lumbar 3-4 and 4 mm disc bulge at lumbar 4-5. Recent magnetic imaging studies of the lumbar spine were noted on 4-1-2015, noting evidence of moderate hypertrophic changes of the lumbar spine and evidence of a compression fracture of the lumbar 2 vertebral body; and a recent toxicology screening was noted on 5-8-2015. His treatments were noted to include: an agreed panel qualified medical evaluation on 7-15-2010 & 4-23-2012; neurological re-evaluation on 7-21-2014; medication management with toxicology studies; and rest from work, receiving "SSDI" benefits. The progress notes of 6-30-2015 reported further evaluation for: less intense headaches with his current medications; frequent pain and numbness in his bilateral lower extremities; use of cane with ambulation; intermittent episodes of dizziness; constant upper arm and lower back pain, rated 6-7 out of 10, without medications, and 60-80% improvement in both overall pain, rated 1-2 out of 10, and ability to function with his medications; and mild depression and some difficulty sleeping without medications. The objective findings were noted to include: slightly restricted cervical range-of-motion in all planes; moderately restricted thoracic and lumbar range-of-motion in all planes; multiple myofascial trigger points and taut bands throughout the cervical para-spinal, trapezius, levator scapulae, scalene, infra-spinatus, and thoracic and lumbar para-spinal musculature; positive neck

compression test; the inability to perform tandem gait with eyes closed; a limped gait with use of cane; decreased sensation to the bilateral calf areas; hypoactive right biceps jerk, and absent right brachioradialis and bilateral knee and ankle jerks. The physician's requests for treatment were noted to include wanting him to have a gym membership with access to a warm pool because he required an ongoing physical therapy maintenance program, and this route would be less expensive than an active, expensive, and ongoing physiotherapy maintenance program. The Request for Authorization for a 3-month gym membership with pool access was not noted in the medical records provided. The Utilization Review of 8-20-2015 non-certified the request for a 3-month gym membership with pool access.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**3 month membership with pool access:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Gym memberships.

**Decision rationale:** The MTUS is silent on the topic of gym memberships. With regard to gym memberships, the ODG states "Not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment." Review of the medical records indicate that the injured worker participates in home exercise program. There is no need for equipment demonstrated or indication that the injured worker is refractory to land-based therapy which would require pool access. While it is noted that the injured worker has problems with balance evidenced by his use of a cane and problems with tandem gate, there is no documentation supporting the need for aqua therapy, and the use of the pool would be unsupervised. The request is not medically necessary.